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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604675

1. Corporation Name

ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

Principal Place of Business

100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32806

Mailing Address

100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1973

4. FEI Number

59-1486941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

MCBRIDE, G GRADY
475 LAKEWOOD DR
FIFTH FLOOR, LUCERNE MED. PLAZA
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
Stephen R. Goll
82 Street Address (P.O. Box Number is Not Acceptable)
711 PINETREE ROAD
83
84 City
WINTER PARK FL 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

STEPHEN R. GOLL

4/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME ROSEN, JEFFREY P
STREET ADDRESS 1684 INDIAN DANCE COURT
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE T
NAME CRAIG, P J
STREET ADDRESS 1345 SPRING LAKE DRIVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE FAS
NAME HALPERIN, LAWRENCE S
STREET ADDRESS 408 SPRING VALLEY LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE SAT
NAME DORE, DAVID D
STREET ADDRESS 1507 THE OAKS DRIVE
CITY-ST-ZIP MAITLAND FL

☒ DELETE

TITLE S
NAME PALUMBO, ROBERT C
STREET ADDRESS 801 SUWANEE CT
CITY-ST-ZIP MAITLAND FL 32751

☒ DELETE

TITLE V
NAME GOLL, STEPHEN R
STREET ADDRESS 711 PINETREE ROAD
CITY-ST-ZIP WINTER PARK FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice-President
3.2 NAME HALPERIN, LAWRENCE S
3.3 STREET ADDRESS 408 SPRING VALLEY LANE
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL

4.1 TITLE 1st Asst Secretary
4.2 NAME Samuel S. Black
4.3 STREET ADDRESS 8707 Southern Breeze Dr
4.4 CITY-ST-ZIP ORLANDO FL

5.1 TITLE 1st Asst Treasurer
5.2 NAME G. Grady McBride
5.3 STREET ADDRESS 475 LAKEWOOD DRIVE
5.4 CITY-ST-ZIP WINTER PARK, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

LAWRENCE S. HALPERIN

4/24/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0094888